



*National  
Environmental  
Achievement Track*

*Application Form*

CHICAGO WHITE METAL CASTING, INC.

Name of facility

N/A

Name of parent company (if any)

RT. 83 & FAIRWAY DRIVE

Street address (cont.)

BENSENVILLE, IL 60106

City/State/Zip code

Give us information about your contact person for the  
National Environmental Achievement Track Program.

ERIC TREIBER

CUSTOMER SERVICE MANAGER

Phone 630-595-4424

Fax 630-595-4474

E-mail etreibe@cwmtl.com

***Why do we need this information?***

EPA needs background information on your facility to evaluate your application.

***What do you need to do?***

- Provide background information on your facility.
- Identify your environmental requirements.



**1** What do you do or make at your facility?

**CHICAGO WHITE METAL MANUFACTURES,  
MACHINES AND ASSEMBLES ALUMINUM,  
MAGNESIUM AND ZINC DIE CASTINGS FOR  
THE TELECOMMUNICATIONS, COMPUTER,  
ELECTRICAL AND ELECTRONICS INDUSTRIES**

**2** List the Standard Industrial Classification (SIC) code(s) or North American Industrial Classification System (NAICS) codes that you use to classify business at your facility.

SIC  
**3363**

NAICS  
**331521**

**3** Does your company meet the Small Business Administration definition of a small business for your sector?

**X** Yes      No

**4** How many employees (full-time equivalents) currently work at your facility?

Fewer than 50

50-99

**X** 100-499

500-1,000

☐ More than 1,000

*Section A, continued*

- 5 Does your facility have an EPA ID number(s) ?

☒ Yes ☐ No

If yes, list in the right-hand column.

043414ACJ

- 6 Identify the environmental requirements that apply to your facility. Use the Environmental Requirements Checklist, at the back of the instructions, as a reference. List your requirements to the right **or** enclose a completed Checklist with your application.

SEE BELOW

- 7 Check the appropriate box in the right-hand column.

☐ I've listed the requirements above.

☒ I've enclosed the Checklist with my application.

- 8 Optional: Is there anything else you would like to tell us about your facility?

CHICAGO WHITE METAL IS A FAMILY OWNED  
COMPANY WHICH HAS BEEN IN BUSINESS FOR  
63 YEARS. WE CURRENTLY OCCUPY A  
130,000 SQ. FT. FACILITY.

***Why do we need this information?***

Facilities must have an operating Environmental Management System (EMS) that meets certain requirements.

***What do you need to do?***

- Confirm that your EMS meets the Achievement Track requirements.
- Tell us if you have completed a self-assessment or have had a third-party assessment of your EMS.



**1** Check **yes** if your EMS meets the requirements for each element below as defined in the instructions.

a. Environmental policy \_\_\_\_\_ **X** Yes

b. Planning \_\_\_\_\_ **X** Yes

c. Implementation and operation \_\_\_\_\_ **X** Yes

d. Checking and corrective action \_\_\_\_\_ **X** Yes

e. Management review \_\_\_\_\_ **X** Yes

**2** Have you completed at least one EMS cycle (plan-do-check-act)? **X**

**3** Did this cycle include both an EMS and a compliance audit? **X**

**4** Have you completed an objective self-assessment or third-party assessment of your EMS? **X**

If yes, what method of EMS assessment did you use?

Self-assessment

☐ GEMI

☐ Other

☐ CEMP

**X** Third-party assessment

**X** ISO 14001 Certification

☐ Other

# Section C

*Tell us about your past achievements and future commitments.*

## *Why do we need this information?*

Facilities must show that they are committed to improving their environmental performance. This means that you can describe past achievements and will make future commitments.

## *What do you need to do?*

Refer to the Environmental Performance Table in the instructions to answer questions 1 and 2.

- 1 Describe your past achievements for at least two environmental aspects. If you need more space than is provided, attach copies of this page.

**Note to small facilities:** If you qualify as a small facility as defined in the instructions, you are required to report past achievement for at least one environmental aspect.

## **First aspect you've selected**

What aspect have you selected?	What was the previous level (2 years ago)?		What is the current level?	
	Quantity	Units	Quantity	Units
<b>TOTAL SOLID WASTE</b>	<b>1000</b>	<b>GALLONS</b>	<b>0</b>	<b>GALLONS</b>

i. How is the current level an improvement over the previous level?

DUE TO THE FACT THAT WE NO LONGER DISPOSE OF OUR HYDRAULIC FLUID WITH A DISPOSAL SERVICE, THIS WASTE STREAM HAS BEEN ELIMINATED.

ii. How did you achieve this improvement?

AFTER USING OUR HYDRAULIC FLUID, WE RE-CAPTURE IT FROM OUR PROCESS AND STORE IT IN 500 GALLON TOTES. OUR SUPPLIER PICKS UP THESE TOTES, RESTORES THE FLUID AT THEIR FACILITY, AND SELLS IT BACK TO US AS RE-CONDITIONED HYDRAULIC FLUID.

**Second aspect you've selected**

What aspect have you selected?	What was the previous level (2 years ago)?		What is the current level?	
	Quantity	Units	Quantity	Units
<b>TOTAL SOLID WASTE</b>	<b>67000</b>	<b>POUNDS</b>	<b>1000</b>	<b>POUNDS</b>
<p>i. How is the current level an improvement over the previous level?</p> <p><b>WE HAVE REDUCED OUR SOLID WASTE STREAM OF OFFICE PAPER AND CORRUGATED MATERIALS BY APPROXIMATELY 66,000 POUNDS PER YEAR.</b></p>				
<p>ii. How did you achieve this improvement?</p> <p><b>WE ESTABLISHED A COMPANY WIDE RECYCLING PROGRAM FOR ALL PAPER MATERIALS AND CORRUGATED MATERIALS. A RECYCLING COMPANY PICKS UP THESE MATERIALS WEEKLY FROM OUR FACILITY.</b></p>				

- 2 Select at least four environmental aspects (no more than two from any one category) from the Environmental Performance Table in the instructions and then tell us about your future commitments. If you need more space than is provided, attach copies of this section.

**Note to small facilities:** If you are a small facility, you are required to make commitments for at least two environmental aspects in two different categories.

**First aspect you've selected**

a. What is the aspect?

**TOTAL SOLID WASTE**

b. Is this aspect identified as significant in your EMS?

Yes ☒ No

c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.

☒ Option A: Absolute value 2,500 POUNDS/YEAR  
(Quantity/Units)

☐ Option B: In terms of units of production or output (Quantity/Units)

## Section C, continued

d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute value or in terms of units of production or output.

☒ Option A: 0 POUNDS/YEAR  
Absolute value (Quantity/Units)

Option B:  
In terms of units of production or output (Quantity/Units)

e. How will you achieve this improvement?

WE WILL ESTABLISH A RECYCLING  
PROGRAM FOR STRETCH FILM WHICH IS  
USED TO WRAP/SECURE PALLETS OF  
MATERIAL.

### Second aspect you've selected

a. What is the aspect?

#### TOTAL WATER USE

b. Is this aspect identified as significant in your EMS?

☒ Yes      No

c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.

☒ Option A: 30,000 GALLONS/MONTH  
Absolute value (Quantity/Units)

☐ Option B:  
In terms of units of production or output (Quantity/Units)

d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute level or in terms of units of production or output.

☒ Option A: 5,000 GALLONS/MONTH  
Absolute value (Quantity/Units)

Option B:  
In terms of units of production or output (Quantity/Units)

e. How will you achieve this improvement?

WE WILL IMPLEMENT ROBOTICS AND  
ELIMINATE PROCESS WATER PITS WHICH  
WILL REDUCE THE NUMBER OF GALLONS OF  
WATER REQUIRING CLEANING AND DISCHARGE

## Section C, continued

### Third aspect you've selected

- a. What is the aspect?
- b. Is this aspect identified as significant in your EMS?
- c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.
- d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute level or in terms of units of production or output.
- e. How will you achieve this improvement?

### EMISSIONS OF OZONE DEPLETING CHEMICALS

- ☒ Yes      No
- ☒ Option A: 2,600 POUNDS/YEAR  
Absolute value (Quantity/Units)
- Option B:  
In terms of units of production or output (Quantity/Units)
- ☒ Option A: 0 POUNDS/YEAR  
Absolute value (Quantity/Units)
- Option B:  
In terms of units of production or output (Quantity/Units)

WE ARE A CHARTER PARTNER IN THE EPA'S  
SF6 EMISSION REDUCTION PARTNERSHIP PROGRAM.  
THE GOAL OF THIS PROGRAM IS TO ELIMINATE  
THE USE OF SF6 (SULFAHEXAFLUORIDE) IN  
MAGNESIUM DIE CASTING VIA A SUBSTITUTE GAS.

### Fourth aspect you've selected

- a. What is the aspect?
- b. Is this aspect identified as significant in your EMS?
- c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.
- d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute level or in terms of units of production or output.
- e. How will you achieve this improvement?

### TOTAL MATERIALS USE

- Yes      ☒ No
- Option A: (Quantity/Units)  
Absolute value
- ☒ Option B: .66/LB.  
In terms of units of production or output (Quantity/Units)
- Option A: (Quantity/Units)  
Absolute value
- ☒ Option B: .50/LB.  
In terms of units of production or output (Quantity/Units)

CWM GENERATES .66 LBS. OF RECYCLABLE MATERIAL  
FOR EVERY POUND OF MAGNESIUM PROCESSED.  
THROUGH PROCESS IMPROVEMENTS, WE WILL REDUCE  
THIS TO .50 LBS. OF MATERIAL PER POUND OF  
MAGNESIUM PROCESSED.



### *Why do we need this information?*

Facilities must demonstrate their commitment to public outreach and performance reporting. You should have appropriate mechanisms in place to identify community concerns, to communicate with the public, and to provide information on your environmental performance.

### *What do you need to do?*

- Describe your approach to public outreach.
- List three references who are familiar with your facility.

1 How do you identify and respond to community concerns?

AS PART OF OUR ISO 14001 PROGRAM,  
ANY CONCERN BROUGHT TO OUR ATTENTION  
BY ANY COMMUNITY MEMBER MUST BE  
RESPONDED TO IN WRITING WITHIN  
48 HOURS

2 How do you inform community members of important matters that affect them?

TWICE PER YEAR WE PROVIDE AN ANALYSIS  
OF OUR DISCARDED PROCESS WATER TO OUR  
LOCAL POTW. QUARTERLY EMS MEETING NOTES  
ARE POSTED IN OUR VISITOR LOBBY. A COPY  
OF OUR EMERGENCY RESPONSE PLAN IS ON FILE  
WITH OUR LOCAL FIRE DEPT. COMPLETE MSDS  
BOOKS ARE AVAILABLE TO ALL VISITORS

3 How will you make the AchievementTrack Annual Performance Report available to the public?

X Website www.cwmt1.com

Newspaper

Open Houses

X Other

QUARTERLY COMPANY NEWS LETTER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Section D, continued

4 Are there any ongoing citizen suits against your facility?

Yes ☒ No

If yes, describe briefly in the right-hand column.

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5 List references below.

	Organization	Name	Phone number
Representative of a Community/ Citizen Group	BENSENVILLE, IL FIRE DEPARTMENT	JACK J. BARBA (FIRE CHIEF)	630-350-3441
State/Local regulator	U.S. CONGRESS	HONORABLE HENRY J. HYDE	202-225-4561
Other community/local reference	BENSENVILLE, IL COMMUNITY PARK DISTRICT	JOHN WASSINGER (DIRECTOR)	630-350-9029



On behalf of CHICAGO WHITE METAL CASTING, INC.  
[my facility],

I certify that

I have read and agree to the terms and conditions, as specified in the *National Environmental Achievement Track Program Description* and in the *Application Instructions*;

I have personally examined and am familiar with the information contained in this Application (including, if attached, the Environmental Requirements Checklist). The information contained in this Application is, to the best of my knowledge and based on reasonable inquiry, true, accurate, and complete, and I have no reason to believe the facility would not meet all program requirements;

My facility has an environmental management system (EMS), as defined in the Achievement Track EMS requirements, including systems to maintain compliance with all applicable federal, state, tribal, and local environmental requirements, in place at the facility, and the EMS will be maintained for the duration of the facility's participation in the program;

My facility has conducted an objective assessment of its compliance with all applicable federal, state, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance;

Based on the foregoing compliance assessment and subsequent corrective actions (if any were necessary), my facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable federal, state, tribal, and local environmental requirements.

I agree that EPA's decision whether to accept participants into or remove them from the National Environmental Achievement Track is wholly discretionary, and I waive any right that may exist under any law to challenge EPA's acceptance or removal decision.

I am the senior facility manager and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is applying to this program.

Signature/Date Eric W. Treiber / 19/sep/00

Printed Name/Title ERIC W. TREIBER/MANAGER OF CUSTOMER SERVICE

Facility Name CHICAGO WHITE METAL CASTING, INC.

Facility Street Address RT. 83 & FAIRWAY DR., BENSENVILLE, IL 60106

Facility ID Numbers 043414ACJ

## National Environmental Achievement Track

## Environmental Requirements Checklist

The following *Checklist* is provided to assist facilities in answering *Section A, Tell us about your facility,* Question 6. The *Checklist* is given to help facilities identify the major federal, state, tribal, and local environmental requirements applicable at their facilities. The *Checklist* is not intended to be an exhaustive list of all environmental requirements that may be applicable at an individual facility. .

If you use this *Checklist* and choose to submit it with your application, fill in your facility information below and enclose the completed *Checklist* with your application (see instructions).

Facility Name: CHICAGO WHITE METAL CASTING, INC.

Facility Location: RT. 83 & FAIRWAY DRIVE, BENSENVILLE, IL 60106

043414ACJ

**Facility ID Number(s):** \_\_\_\_\_  
(attach additional sheets if necessary)

## Air Pollution Regulations

**Check All  
That Apply**

- |     |  |                                     |
|-----|--|-------------------------------------|
|     | National Emission Standards for Hazardous Air Pollutants (40 CFR 61) | <input type="checkbox"/>            |
| 2.  | Permits and Registration of Air Pollution Sources                    | <input type="checkbox"/>            |
|     | General Emission Standards, Prohibitions and Restrictions            | <input type="checkbox"/>            |
| 4.  | Control of Incinerators  | <input type="checkbox"/>            |
| 5.  | Process Industry Emission Standards                                  | <input checked="" type="checkbox"/> |
| 6.  | Control of Fuel Burning Equipment                                    | <input type="checkbox"/>            |
| 7.  | Control of VOCs  | <input type="checkbox"/>            |
| 8.  | Sampling, Testing and Reporting (COMMUNITY ONLY)                     | <input checked="" type="checkbox"/> |
| 9.  | Visible Emissions Standards  | <input type="checkbox"/>            |
| 10. | Control of Fugitive Dust   | <input type="checkbox"/>            |
|     | Toxic Air Pollutants Control   | <input type="checkbox"/>            |
| 12. | Vehicle Emissions Inspections and Testing                            | <input type="checkbox"/>            |

**Other Federal, State, Tribal or Local Air Pollution Regulations Not Listed Above (*identify*)**

13. \_\_\_\_\_ ☐
14. \_\_\_\_\_ ☐

### **Hazardous Waste Management Regulations**

- |    |   |                                     |
|----|---|-------------------------------------|
| 1. | Identification and Listing of Hazardous Waste (40 CFR 261)  | <input type="checkbox"/>            |
|    | - Characteristic Waste  | <input type="checkbox"/>            |
|    | - Listed Waste  | <input type="checkbox"/>            |
| 2. | Standards Applicable to Generators of Hazardous Waste (40 CFR 262)                                      | <input type="checkbox"/>            |
|    | - Manifesting   | <input checked="" type="checkbox"/> |
|    | - Pre-transport requirements  | <input type="checkbox"/>            |
|    | - Record keeping/reporting  | <input type="checkbox"/>            |
| 3. | Standards Applicable to Transporters of Hazardous Waste (40 CFR 263)                                    | <input type="checkbox"/>            |
|    | - Transfer facility requirements  | <input type="checkbox"/>            |
|    | - Manifest system and record-keeping  | <input checked="" type="checkbox"/> |
|    | - Hazardous waste discharges  | <input type="checkbox"/>            |
| 4. | Standards for Owners and Operators of TSD Facilities (40 CFR 264)                                       | <input type="checkbox"/>            |
|    | - General facility standards  | <input type="checkbox"/>            |
|    | - Preparedness and prevention   | <input type="checkbox"/>            |
|    | - Contingency plan and emergency procedures   | <input type="checkbox"/>            |
|    | - Manifest system, Record keeping and reporting   | <input type="checkbox"/>            |
|    | - Groundwater protection  | <input type="checkbox"/>            |
|    | - Financial requirements  | <input type="checkbox"/>            |
|    | - Use and management of containers  | <input type="checkbox"/>            |
|    | - Tanks   | <input type="checkbox"/>            |
|    | - Waste piles   | <input type="checkbox"/>            |
|    | - Land treatment  | <input type="checkbox"/>            |
|    | - Incinerators  | <input type="checkbox"/>            |
| 5. | Interim Status Standards for TSD Owners and Operators (40 CFR 265)                                      | <input type="checkbox"/>            |
| 6. | Interim Standards for Owners and Operators of New Hazardous Waste Land Disposal Facilities (40 CFR 267) | <input type="checkbox"/>            |
| 7. | Administered Permit Program (Part B) (40 CFR 270)   | <input type="checkbox"/>            |

### **Other Federal, State, Tribal or Local Hazardous Waste Management Regulations Not Listed Above (*identify*)**

- |    |       |                          |
|----|-------|--------------------------|
| 8. | _____ | <input type="checkbox"/> |
| 9. | _____ | <input type="checkbox"/> |

### **Hazardous Materials Management**

- |    |   |                                     |
|----|---|-------------------------------------|
| 1. | Control of Pollution by Oil and Hazardous Substances (33 CFR 153)                               | <input type="checkbox"/>            |
| 2. | Designation of Reportable Quantities and Notification of Hazardous Materials Spill (40 CFR 302) | <input checked="" type="checkbox"/> |
| 3. | Hazardous Materials Transportation Regulations (49 CFR 172-173)                                 | <input type="checkbox"/>            |
| 4. | Worker Right-to-Know Regulations (29 CFR 1910.1200)   | <input checked="" type="checkbox"/> |
| 5. | Community Right-to-Know Regulations (40 CFR 350-372)  | <input type="checkbox"/>            |

**Other Federal, State, Tribal or Local Hazardous Materials Management Regulations Not Listed Above (identify)**

6. \_\_\_\_\_ ☐
7. \_\_\_\_\_ ☐

**Solid Waste Management**

1. Criteria for Classification of Solid Waste Disposal Facilities and Practices (40 CFR 257) ☐
2. Permit Requirements for Solid Waste Disposal Facilities ☐
3. Installation of Systems of Refuse Disposal ☐
4. Solid Waste Storage and Removal Requirements ☐
5. Disposal Requirements for Special Wastes ☒

**Other Federal, State, Tribal or Local Solid Waste Management Regulations Not Listed Above (identify)**

6. \_\_\_\_\_ ☐
7. \_\_\_\_\_ ☐

**Water Pollution Control Requirements**

1. Oil Spill Prevention Control and Countermeasures (SPCC) (40 CFR 112) ☒
2. Designation of Hazardous Substances (40 CFR 116) ☐
3. Determination of Reportable Quantities for Hazardous Substances (40 CFR 117) ☐
4. NPDES Permit Requirements (40 CFR 122) ☒
5. Toxic Pollutant Effluent Standards (40 CFR 129) ☐
6. General Pretreatment Regulations for Existing and New Sources (40 CFR 403) ☐
7. Organic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 414) ☐
8. Inorganic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 415) ☐
9. Plastics and Synthetics Point Source Effluent Guidelines and Standards (40 CFR 416) ☐
10. Water Quality Standards (POTW) ☒
11. Effluent Limitations for Direct Dischargers ☐
12. Permit Monitoring/Reporting Requirements ☐
13. Classifications and Certifications of Operators and Superintendents of Industrial Wastewater Plants ☐
14. Collection, Handling, Processing of Sewage Sludge ☐
15. Oil Discharge Containment, Control and Cleanup ☒
16. Standards Applicable to Indirect Discharges (Pretreatment) ☐

**Other Federal, State, Tribal or Local Water Pollution Control Regulations Not Listed Above (identify)**

17. \_\_\_\_\_ ☐
18. \_\_\_\_\_ ☐

**Drinking Water Regulations**

1. Underground Injection and Control Regulations, Criteria and Standards (40 CFR 144, 146) ☐
2. National Primary Drinking Water Standards (40 CFR 141) ☐
3. Community Water Systems, Monitoring and Reporting Requirements (40 CFR 141) ☐
4. Permit Requirements for Appropriation/Use of Water from Surface or Subsurface Sources ☐
5. Underground Injection Control Requirements ☐
6. Monitoring, Reporting and Record keeping Requirements for Community Water Systems ☐

**Other Federal, State, Tribal or Local Drinking Water Regulations Not Listed Above (identify)**

7. \_\_\_\_\_ ☐
8. \_\_\_\_\_ ☐

**Toxic Substances**

1. Manufacture and Import of Chemicals, Record keeping and Reporting Requirements (40 CFR 704) ☐
2. Import and Export of Chemicals (40 CFR 707) ☐
3. Chemical Substances Inventory Reporting Requirements (40 CFR 710) ☐
4. Chemical Information Rules (40 CFR 712) ☐
5. Health and Safety Data Reporting (40 CFR 716) ☐
6. Pre-Manufacture Notifications (40 CFR 720) ☐
7. PCB Distribution Use, Storage and Disposal (40 CFR 761) ☐
8. Regulations on Use of Fully Halogenated Chlorofluoroalkanes (40 CFR 762) ☐
9. Storage and Disposal of Waste Material Containing TCDD (40 CFR 775) ☐

**Other Federal, State, Tribal or Local Toxic Substances Regulations Not Listed Above (identify)**

10. \_\_\_\_\_ ☐
- \_\_\_\_\_ ☐

### **Pesticide Regulations**

- |    |  |                          |
|----|--|--------------------------|
| 1. | FIFRA Pesticide Use Classification (40 CFR 162)                                  | <input type="checkbox"/> |
| 2. | Procedures for Disposal and Storage of Pesticides and Containers<br>(40 CFR 165) | <input type="checkbox"/> |
| 3. | Certification of Pesticide Applications (40 CFR 171)                             | <input type="checkbox"/> |
| 4. | Pesticide Licensing Requirements   | <input type="checkbox"/> |
| 5. | Labeling of Pesticides   | <input type="checkbox"/> |
| 6. | Pesticide Sales, Permits, Records, Application and Disposal Requirements         | <input type="checkbox"/> |
| 7. | Disposal of Pesticide Containers   | <input type="checkbox"/> |
| 8. | Restricted Use and Prohibited Pesticides   | <input type="checkbox"/> |

#### **Other Federal, State, Tribal or Local Pesticides Regulations Not Listed Above (*identify*)**

- |     |       |                          |
|-----|-------|--------------------------|
| 9.  | _____ | <input type="checkbox"/> |
| 10. | _____ | <input type="checkbox"/> |

### **Environmental Clean-Up, Restoration, Corrective Action**

- |    |   |                          |
|----|---|--------------------------|
| 1. | Comprehensive Environmental Response, Compensation and Liability<br>Act (Superfund) ( <i>identify</i> ) |                          |
|    | _____   | <input type="checkbox"/> |
|    | _____   | <input type="checkbox"/> |
| 2. | RCRA Corrective Action ( <i>identify</i> )  |                          |
|    | _____   | <input type="checkbox"/> |
|    | _____   | <input type="checkbox"/> |

#### **Other Federal, State, Tribal or Local Environmental Clean-Up, Restoration, Corrective Action Regulations Not Listed Above (*identify*)**

- |    |       |                          |
|----|-------|--------------------------|
| 3. | _____ | <input type="checkbox"/> |
| 4. | _____ | <input type="checkbox"/> |





10 pages Total

A05 - 0010

To: Emily Levin, Industrial Economics, Inc.

Date: 16/Nov/00

From: Eric Treiber

Subject: Copy of fax to Mark Messersmith

Attached are copies of faxes I sent to Mark Messersmith on 15/Nov and 16/Nov which were sent as a follow-up to discussions we had regarding Chicago White Metal's National Environmental Performance Track Application.

Mark advised that there had been two question during the review of our Environmental Requirements Checklist. We confirmed two errors in the checklist, updated it, and faxed a new copy to Mark. We also included some supporting documentation regarding both issues where errors were made.

Mark has asked that I forward this same information to you, and it is attached with this fax. Please contact me if you have any questions.

Regards,

*Eric Treiber*



To: Mark Messersmith, U.S. EPA

Date: 15/Nov/00

From: Eric Treiber

Subject: National Environmental  
Performance Track Application

Attached please find an updated copy of page A2 from the Environmental Requirements Checklist which has been updated per our discussion.

To confirm, Chicago White Metal should not have put an "X" in Section # 2 "Standards Applicable to Generators of Hazardous Waste (40 CFR 262). Manifests" in the Hazardous Waste Management Regulations, as we do not generate any hazardous wastes at our facility.

We do generate some "Special Waste" at our facility, and that is where we made our error. For reference purposes, I have attached a copy of a recent Uniform Hazardous Waste Manifest which we use, as it is also used for Special Waste.

I trust that this information will serve to answer any questions you had regarding our application for the National Environmental Performance Track Program. Should you have any further questions or require additional information, please contact me.

Best regards,

*Eric W. Treiber*

ET

- [illegible]

8. \_\_\_\_\_

9. \_\_\_\_\_

1.	Control of Pollution by Oil and Hazardous Substances (33 CFR 153)	<input type="checkbox"/>
2.	Designation of Reportable Quantities and Notification of Hazardous Materials Spill (40 CFR 302)	<input type="checkbox"/>
3.	Hazardous Materials Transportation Regulations (49 CFR 172-173)	<input checked="" type="checkbox"/>
4.	Worker Right-to-Know Regulations (29 CFR 1910.1200)	<input type="checkbox"/>
5.	Community Right-to-Know Regulations (40 CFR 350-372)	<input checked="" type="checkbox"/>

## PLEASE TYPE

(Form designed for use on elite (12 pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-89)

Form Approved OMB No. 2050-0038

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>NON-HAZARDOUS</b>		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.					
3. Generator's Name and Mailing Address <b>CHICAGO WHITE METAL CASTING RT 83 &amp; FAIRWAY DRIVE BENSENVILLE,</b>						A. Illinois Manifest Document Number <b>IL 7947557</b> FEE PAID: IF APPLICABLE							
4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" <b>(630) 595-4424</b>						B. Generator's IL ID Number <b>0314145003</b>							
5. Transporter 1 Company Name <b>BEAVER OIL CO.</b>						C. Transporter's ID Number <b>UPM 30960814</b>							
6. * US EPA ID Number <b>TLDO64418353</b>						D. Transporter's Phone ( )							
7. Transporter 2 Company Name						E. Transporter's ID Number <b>(708) 354-4040</b>							
8. US EPA ID Number						F. Transporter's Phone ( )							
9. Designated Facility Name and Site Address <b>BEAVER OIL CO. 6037 LENZI AVE. HODGKINS, IL 60525</b>						G. Facility's IL ID Number <b>0311260001</b>							
10. US EPA ID Number <b>ILDO64418353</b>						H. Facility's Phone <b>708 354-4040</b>							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) <b>* NOT DOT REGULATED</b>						12. Containers No.		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. <b>WASTE OIL &amp; WATER</b>						0.01 TT						EPA HW Number	
b. <b>NON-HAZARDOUS</b>												EPA HW Number	
c. <b>-</b>												EPA HW Number	
d. <b>-</b>												EPA HW Number	
J. Additional Description for Materials Listed Above						K. Handling Codes for Wastes Listed Above to Item #14							
<b>-24 HOUR EMERGENCY# (708) 354-4040</b>													
15. Special Handling Instructions and Additional Information <b>EPA CLASSIFICATION FOR ITEM "A" IS NON - HAZARDOUS</b>													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name <b>MICHAEL J. ZWOLSKI</b>						Signature <i>Michael J. Zwolski</i>						Date Month Day Year <b>10/00</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name <b>Terry Zielinsky</b>						Signature						Date Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature						Date Month Day Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name						Signature						Date Month Day Year	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.



To: Mark Messersmith, U.S. EPA

Date 16/Nov/00

From: Eric Treiber

Subject: National Environmental  
Performance Track Application

Following up on our discussion this morning, I have reviewed page 1 of the Environmental Requirements Checklist to determine why we indicated "Community Only" under item # 8 of the Air Pollution Regulations section.

This reference was an error on our part and does not reflect our Sampling, Testing and Reporting procedures. Attached for your reference I have included a copy of our most recent reporting documentation dated 11/April/00 (4 pages)

I apologize for this inconvenience and hope that this addresses the issue at hand. Once again, should you have any further questions regarding our application, please contact me.

Best regards,

*Eric Treiber*

# National Environmental Achievement Track

## Environmental Requirements Checklist

The following *Checklist* is provided to assist facilities in answering *Section A, Tell us about your facility, Question 6*. The *Checklist* is given to help facilities identify the major federal, state, tribal, and local environmental requirements applicable at their facilities. The *Checklist* is not intended to be an exhaustive list of all environmental requirements that may be applicable at an individual facility.

If you use this *Checklist* and choose to submit it with your application, fill in your facility information below and enclose the completed *Checklist* with your application (see instructions).

Facility Name: CHICAGO WHITE METAL CASTING, INC.

Facility Location: RT. 83 & FAIRWAY DRIVE, BENSENVILLE, IL 60106

Facility ID Number(s): 043414ACJ  
(attach additional sheets if necessary)

### Air Pollution Regulations

Check All  
That Apply

- ET
- |   |                                     |
|---|-------------------------------------|
| 1. National Emission Standards for Hazardous Air Pollutants (40 CFR 61) | <input type="checkbox"/>            |
| 2. Permits and Registration of Air Pollution Sources                    | <input type="checkbox"/>            |
| 3. General Emission Standards, Prohibitions and Restrictions            | <input type="checkbox"/>            |
| 4. Control of Incinerators  | <input type="checkbox"/>            |
| 5. Process Industry Emission Standards                                  | <input checked="" type="checkbox"/> |
| 6. Control of Fuel Burning Equipment                                    | <input type="checkbox"/>            |
| 7. Control of VOCs  | <input type="checkbox"/>            |
| 8. Sampling, Testing and Reporting                                      | <input checked="" type="checkbox"/> |
| 9. Visible Emissions Standards  | <input type="checkbox"/>            |
| 10. Control of Fugitive Dust  | <input type="checkbox"/>            |
| 11. Toxic Air Pollutants Control  | <input type="checkbox"/>            |
| 12. Vehicle Emissions Inspections and Testing                           | <input type="checkbox"/>            |

Other Federal, State, Tribal or Local Air Pollution Regulations Not Listed Above (identify)

13. \_\_\_\_\_ ☐

14. \_\_\_\_\_ ☐

2-13-1999

13414AGJ - CHICAGO WHITE METAL

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
DAPC - ANNUAL EMISSIONS REPORT

REVIEWED BY

- SOURCE DATA -

SOURCE  
ADDRESS  
LOCATION

AIRS: 17-043-0236	IEPA USE ONLY	LATITUDE: 41:58:26.0000
FINDS: ILD984795807	IEPA USE ONLY	LONGITUDE: 87:57:20.0000
FEIN: 36-2061905		YEAR OF DATA:
DEB: 005144266		SCALE:
SIC 1: 3365		METHOD: I
SIC 2:		ACCURACY: 1.0000 SEC
SIC 3:		WHERE MEASURED: INTERSECTION ILLINOIS R

SOURCE  
ADDRESS

CHICAGO WHITE METAL
RT. 83 & FAIRWAY DRIVE
BENSENVILLE, IL 60106
CONTACT:
PHONE:
FAX:
EXT:

SOURCE  
ADDRESS  
LOCATION

CHICAGO WHITE METAL
RT. 83 & FAIRWAY DRIVE
BENSENVILLE, IL 60106
CONTACT: JOHN ROSINSKI
PHONE: 630-595-4424
FAX: 630-595-4474
EXT: 263

ALL ANNUAL EMISSIONS REPORT DATA VERIFIED, MODIFIED OR PROVIDED ON BEHALF OF THE COMPANY NAMED ABOVE, WHETHER SUBMITTED ELECTRONICALLY OR IN WRITING, REPRESENTS THE BEST AVAILABLE INFORMATION AND IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

  
AUTHORIZED SIGNATURE

DATE 4-11-00

2-13-1999

3414ACJ - CHICAGO WHITE METAL

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
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- ANNUAL SOURCE EMISSIONS -

POLLUTANT CODE	ALLOWABLE EMISSIONS		EMISSIONS		EPA 1999		SOURCE REPORTED	
	(TONS/YEAR)		REPORTED FOR 1998		(TONS/YEAR)		EMISSIONS FOR 1999	
NOK	2.010000		1.430000		1.400000		1.380	
PART	3.600000		0.082000		0.075000		0.021	
VOM	2.520000		1.790000		1.750000		1.630	

JAN 18 2000



12-13-1999

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43414AGJ - CHICAGO WHITE METAL

- PERMIT LISTING -

PERMIT NUMBER	TYPE OF PERMIT	OPERATION NAME	STATUS DATE	EXPIRES
79020009	LIFETIME	PRESSURE DIE CASTING OF AL AND ZN	GRANTED	05-01-1996

JAN 18 2000

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043414ACT - CHICAGO WHITE METAL

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PAGE

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- Equipment Listing -

Emission Points

0001 ALUMINUM REMELT FURNACE  
0002 ZINC REMELT FURNACE

Control Devices

0001 ULTRA FINE GLASS, ZEREX BACKED  
0002 ULTRA FINE GLASS

Stacks

0001  
0002

JAN 18 2000